

Case Number:	CM13-0033985		
Date Assigned:	01/15/2014	Date of Injury:	05/08/2006
Decision Date:	04/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female with a date of injury of 05/08/2006. The listed diagnoses per [REDACTED] are, CRPS, upper limb, pain in limb, myofascial pain syndrome, other chronic pain, and muscle spasm. According to report dated 09/04/2013 by [REDACTED], the patient presents with complaints of pain in the arm, hand, fingers, and shoulder. Report states she was last seen on 06/10/2013. At which time, she was advised to proceed with enrollment in the [REDACTED] pain program versus spinal cord stimulation. The treating physician state that compound cream including Ketamine, Ketoprofen, Gabapentin, and Lidocaine is helping the pain by about 40% to 50%. The patient is also taking Gabapentin and Baclofen. The patient reports aggression, moodiness, anxiety and stuttering with gabapentin. At its worst, she rates her pain is 9/10 and on average 9/10 on a numerical analog scale. Examination reveals "general appearance is alert and oriented to person, place and time, in no acute distress, well-developed and well-nourished". There is no other physical examination reporting. Prior reports dated 06/10/2013, 03/15/2013, and 01/30/2013 have similar reporting with no significant findings on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SPINAL CORD STIMULATOR (SCS) TRAIL OF 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR (SCS), Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATION Page(s): 105-107.

Decision rationale: Under spinal cord stimulation, the MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." The Official Disability Guidelines (ODG), regarding spinal cord stimulator also states for "failed back syndrome persistence of pain who have undergone at least one previous back operation and are not candidates for repeat surgery when all of the following are present, symptoms of primarily lower extremity radicular pain; there has been limited response to non-intervention care; psychological clearance; indicates realistic expectations and clearance for procedure; there is no current evidence of substance abuse; and there are no contradictions to trial; and permanent placement requires evidence of 50% relief." In this case, this patient does not qualify for a spinal cord stimulator on multiple levels. There is no examination findings reported in any of the progress reports that show lower extremity radicular pain. In addition, the treating physician does not discuss if there is current evidence of substance abuse and a psychological clearance has not been obtained. The report from 09/04/2013 indicates the treating physician is currently waiting for approval for a psychological clearance. It is recommended that psychological evaluation first take place and once clearance is indicated then SCS can be considered. The requested SCS is not medically necessary and appropriate

██████████ PAIN PROGRAM FRP (FUNCTIONAL RESTORATION PROGRAM):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPs) Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 49 recommends Functional Restoration Programs and indicated it may be considered medically necessary when all criteria are met including, adequate and thorough evaluation has been made; previous methods of treating chronic pain have been unsuccessful; significant loss of ability to function independently resulting from chronic pain; not a candidate for surgery or other treatments would clearly be; the patient exhibits motivation to change; and negative predictors of success above have been addressed. In this case, the treating physician does not provide thorough evaluation prior to requesting patient's participation in ██████████ Functional Restoration Program. The treating physician does not provide any specific duration of the program. MTUS recommends starting with 2 weeks and up to 4 weeks of treatment if the patient shows progress. Based on reports available, there is lack of adequate documentation and evaluation including duration of treatment to consider for authorization. The request for ██████████ Pain Program FRP (Functional Restoration Program) is not medically necessary and appropriate.

PRESCRIPTION OF BACLOFEN 10MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and increase in mobility may be warranted; however, the treating physician is requesting #60 with 2 refills. Baclofen is not recommended for long term use. The request for Baclofen 10 mg #60, two refills is not medically necessary and appropriate.

GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state the following regarding Gabapentin. "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain." The medical records provided for review include a report from 06/28/2013, stating that the patient has "difficulty tolerating Neurontin due to sedation and difficulty with concentration." Report from 09/04/2013 goes on to state that patient is "experiencing aggression, weakness, anxiety, and stuttering with Gabapentin." It is unclear as to why the treating physician continues to prescribe Gabapentin when the patient is experiencing such side effects. MTUS page 60 requires documentation of pain assessment and functional improvement when medications are used for chronic pain. The request for Gabapentin is not medically necessary and appropriate.

COMPOUND CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This patient presents with continued complaints of pain in the arms, hand, fingers, and shoulder. The treater is requesting compound cream as it is helping the pain by

about 45% to 50%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." The MTUS Guidelines page 111 supports the use of topical NSAIDs for peripheral joint arthritis or tendonitis; however, non-FDA approved agents like ketoprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photocontact dermatitis." Furthermore, cyclobenzaprime is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.